

EMERGENCY AND STANDBY POWER SYSTEMS **INSTALLATION ACCEPTANCE**

Reference: 2002 Edition Emergency and Standby Power Systems
National Fire Protection Association (NFPA 110) Section 7.13

Facility_____ City_____

ON-SITE INSTALLATION TEST

1.	With the prime mover in a "cold start" condition and the emergency load at standard operating level, a primary power failure shall be initiated by opening all switches or breakers supplying the primary power to the building or facility. The test load shall be that load that is served by the EPSS.	
2.	Was the time delay on starting observed and recorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ seconds
3.	Was the cranking time until the prime mover starts and runs observed and recorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ seconds
4.	Was the time required to reach operating speed observed and recorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ seconds
5.	What were the voltage and frequency overshoot.	_____ voltage _____ frequency
6.	What was the time taken to achieve a steady-state condition with all switches transferred to the emergency position?	_____ seconds
7.	What were the voltage, frequency, and amperes?	_____ voltage _____ frequency _____ amperes
8.	<p>What were the prime mover oil pressure and water temperature recorded, where applicable, and the battery charge rate recorded at 5 minute intervals for the first 15 minutes, and at 15 minute intervals thereafter?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>10 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> <div style="width: 30%;"> <p>15 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> <div style="width: 30%;"> <p>30 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>45 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> <div style="width: 30%;"> <p>60 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> <div style="width: 30%;"> <p>1 hour – 15 minutes</p> <p>_____ oil pressure</p> <p>_____ water temperature</p> <p>_____ battery charge rate</p> </div> </div>	

	1 hour – 30 minutes ____ oil pressure ____ water temperature ____ battery charge rate	1 hour – 45 minutes ____ oil pressure ____ water temperature ____ battery charge rate	2 hours ____ oil pressure ____ water temperature ____ battery charge rate
9.	Was a load test with building load, or other loads that simulate the intended load continued for the minimum time for the class, or 2 hours maximum, observing and recording load changes and the resultant effect on voltage and frequency.		<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Record the time delay when the primary power is returned to the building or facility, on retransfer to normal for each switch. (Minimum setting 5 minutes).		____ minutes
11.	Record the time delay on the prime mover cooldown period and shutdown.		____ minutes

12. After completion of the above test, the prime mover shall be allowed to cool for 5 minutes.

13.	Was a 2-hour, full load test conducted? NFPA 110, 7.13.6	<input type="checkbox"/> YES <input type="checkbox"/> NO
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The building load can be permitted to serve as part of the load, supplemented by a load bank of sufficient size to provide a load equal to 100 percent of the nameplate kW rating of the EPS, less applicable derating factors for site conditions.

14.	Has a crank test been conducted per the manufacturers recommendations? NPFA 110, 7.13.9	<input type="checkbox"/> YES <input type="checkbox"/> NO
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15. When was the system tested? Date _____

Who conducted the testing? _____

Did anyone witness the test? ☐ YES ☐ NO

Name _____

16. Name of person completing report? _____
Please print Phone # _____

Please return to:
South Dakota Dept of Health
Office of Licensure and Certification
615 E 4th St
Pierre, SD 57501-1700
(605)773-3356 (605)773-6667 Fax

Signature _____

Name of Firm Phone # _____

E-mail Address _____